

**NORTH CAROLINA DIVISION OF AGING
And**

_____ AREA AGENCY ON AGING

MONITORING TOOL FOR ENTITIES RECEIVING TITLE III-D FUNDS

Provider: _____

Review Date: _____

Interviewer: _____

Person(s) Interviewed and Title(s): _____

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1. Are Title III-D funds used **ONLY** for the services as specified in Section 102 of the Older Americans Act of 1965, Section 102(12), recently amended by Public Law 106-501, on November 13, 2000. *Check on appropriate lines.*

- _____ Health Risk Assessment
- _____ Routine Health Screenings
- _____ Nutrition Counseling and Educational Services
- _____ Health Promotion Programs related to chronic disabling conditions and unhealthy lifestyle practices
- _____ Programs regarding physical fitness and music, art, and dance movement therapy
- _____ Home injury control services
- _____ Screening, coordination, referral and provision of mental health services
- _____ Educational programs on availability, benefits, and appropriate use of preventive health services covered under Medicare
- _____ Medication management, screening, and education
- _____ Information concerning diagnosis, prevention, and treatment and rehabilitation of age-related diseases and chronic disabling conditions
- _____ Gerontological counseling
- _____ Counseling regarding social services and follow-up health services described above

➤ Identify below any services being provided that are not listed above.

Revised: October, 2001

2. **Describe** exactly how Title III-D funds are being utilized.

3. Is there evidence that Title III-D funds are being utilized to purchase medical service, prescription drugs, home safety devices for individuals or activities of daily living supply items? Yes____
No____

If yes, describe below:

4. Is there evidence that any Title III-D funds are being utilized for services which are paid for by Medicare? (flu shots, mammograms, pap smears, laboratory services, durable medical equipment)

If yes, describe below:

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5. Is there documentation that verifies that the 10% match has been met? _____ What kind of documentation?

Is the match, **cash**_____ or **in-kind**_____?

6. Is the Area Agency on Aging receiving from providers **each quarter** the number of unduplicated persons served per program or activity?
Yes_____ **No**_____

*From Administrative Letter No. 94-14, dated 12/02/94. "Monitoring Instruments for Legal, Title III-F and Senior Center Outreach."

7. **Medication Management**

- (A) If the provider is receiving funding to provide medication management, describe the types of services being provided. *If funding is not received by this provider, mark N/A.*

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- (B) Are the services provided under medication management considered to be either *educational* programs, *screenings*, or assistance with *management* of prescription drugs to prevent incorrect medication and adverse drug reactions.

Yes_____ No_____

Describe how this service(s) provided fits into one of the three categories.

- (C) **Describe** how the 23.62% expenditures of the total Title III-D allocation for medication management are being managed, [*i.e., is this a region-wide effort, or is each provider being given an allocation of which 23.6% is to be utilized for medication management.*]

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